

State of Indiana
2008 Rates for Local Units Government

Plan	Coverage	Monthly Rate	COBRA Monthly Rate
High Deductible Health Plan 1 (HDHP 1)	Single Family	\$720.43 \$2,018.15	\$734.84 \$2,058.51
High Deductible Health Plan 2 (HDHP 2)	Single Family	\$777.43 \$2,177.77	\$792.98 \$2,221.33
Anthem Traditional II	Single Family	\$863.80 \$2,419.75	\$881.08 \$2,468.15
Welborn HMO	Single Family	\$444.91 \$1,224.84	\$453.81 \$1,249.34
Delta Dental Plan	Single Family	\$20.63 \$58.50	\$21.04 \$59.67
Eye Med	Single Family	\$3.43 \$8.69	\$3.50 \$8.86
Medicare Complementary with Rx	per person	\$978.40	
Medicare Complementary without Rx	per person	\$249.85	